

# Foster Family Home - Corrective Action Report

Provider ID: 1-180030

Home Name: Zeilanie Tugas, CNA

Review ID: 1-180030-2

94-248 Pupukahi Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/11/2019

Foster Family Home

Required Certificate

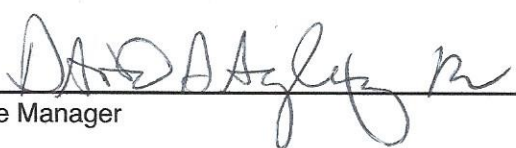
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

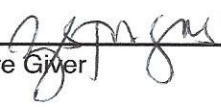
Comment:

Home inspection for a new 2 person CCFFH certification made on 3/11/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

3/11/19  
Date

  
Primary Care Giver

3/11/19  
Date